

**Fill in this information to identify the case:**

United States Bankruptcy Court for the:

**WESTERN DISTRICT OF TEXAS**Case number (if known): \_\_\_\_\_ Chapter 7☐ Check if this is an amended filing

Official Form 201

**Voluntary Petition for Non-Individuals Filing for Bankruptcy**

04/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name OliveDale, Inc.
2. All other names debtor used in the last 8 years dba Mosaic Health; dba Unison Health
- Include any assumed names, trade names and *doing business as* names
3. Debtor's federal Employer Identification Number (EIN) 4 5 - 4 3 2 2 9 5 5
4. Debtor's address
- | Principal place of business | Mailing address, if different from principal place of business              |
|-----------------------------|---|
| Number Street               | 900 Ranch Road 620 South  |
|                             | Number Street   |
|                             | Suite C-101-169   |
|                             | P.O. Box  |
|                             |   |
| City State ZIP Code         | Lakeway TX 78734  |
|                             | City State ZIP Code   |
| Travis                      | Location of principal assets, if different from principal place of business |
| County                      |   |
|                             | Number Street   |
|                             |   |
|                             | City State ZIP Code   |
5. Debtor's website (URL) \_\_\_\_\_
6. Type of debtor
- ☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))
- ☐ Partnership (excluding LLP)
- ☐ Other. Specify: \_\_\_\_\_

**7. Describe debtor's business***A. Check one:*

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))  
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
☐ Railroad (as defined in 11 U.S.C. § 101(44))  
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))  
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))  
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))  
☒ None of the above

*B. Check all that apply:*

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)  
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)  
☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

*C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>*

\_\_\_\_ \_

**8. Under which chapter of the Bankruptcy Code is the debtor filing?***Check one:*

- ☒ Chapter 7  
☐ Chapter 9  
☐ Chapter 11. *Check all that apply:*

- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy Under Chapter 11 (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

If more than 2 cases, attach a separate list.

☒ No

☐ Yes. District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY  
District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY  
District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

Debtor **OliveDale, Inc.**

Case number (if known) \_\_\_\_\_

**10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?**

List all cases. If more than 1, attach a separate list.

☐ No

☒ Yes. Debtor **1 MOSAIC HEALTH INC** Relationship **Affiliate**

District **Western District of Texas** When **05/11/2018**

MM / DD / YYYY

Case number, if known \_\_\_\_\_

Debtor \_\_\_\_\_ Relationship \_\_\_\_\_

District \_\_\_\_\_ When \_\_\_\_\_

MM / DD / YYYY

Case number, if known \_\_\_\_\_

**11. Why is the case filed in this district?**

*Check all that apply:*

☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.

☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

**12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?**

☒ No

☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

**Why does the property need immediate attention?** *(Check all that apply.)*

☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? \_\_\_\_\_

☐ It needs to be physically secured or protected from the weather.

☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

☐ Other \_\_\_\_\_

**Where is the property?**

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**Is the property insured?**

☐ No

☐ Yes. Insurance agency \_\_\_\_\_

Contact name \_\_\_\_\_

Phone \_\_\_\_\_

**Statistical and administrative information**

**13. Debtor's estimation of available funds**

*Check one:*

☐ Funds will be available for distribution to unsecured creditors.

☒ After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

Debtor **OliveDale, Inc.**

Case number (if known) \_\_\_\_\_

14. Estimated number of creditors
- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000   | <input type="checkbox"/> 25,001-50,000     |
| <input type="checkbox"/> 50-99           | <input type="checkbox"/> 5,001-10,000  | <input type="checkbox"/> 50,001-100,000    |
| <input type="checkbox"/> 100-199         | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999         |  |  |
15. Estimated assets
- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million    | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000      | <input type="checkbox"/> \$10,000,001-\$50 million   | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input type="checkbox"/> \$100,001-\$500,000     | <input type="checkbox"/> \$50,000,001-\$100 million  | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million   | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion        |
16. Estimated liabilities
- |   |  |  |
|---|--|--|
| <input type="checkbox"/> \$0-\$50,000                     | <input type="checkbox"/> \$1,000,001-\$10 million    | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000               | <input type="checkbox"/> \$10,000,001-\$50 million   | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input type="checkbox"/> \$100,001-\$500,000              | <input type="checkbox"/> \$50,000,001-\$100 million  | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input checked="" type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion        |

**Request for Relief, Declaration, and Signatures**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor
- ☒ The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.
  - ☒ I have been authorized to file this petition on behalf of the debtor.
  - ☒ I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **05/11/2018**

MM / DD / YYYY

**X /s/ Nancy Henry**

Signature of authorized representative of debtor

**Nancy Henry**

Printed name

Title **President**

18. Signature of attorney

**X /s/ B. Weldon Ponder, Jr.**

Signature of attorney for debtor

Date **05/11/2018**

MM / DD / YYYY

**B. Weldon Ponder, Jr.**

Printed name

**B. Weldon Ponder, Jr., Attorney at Law**

Firm name

**4408 Spicewood Springs Road**

Number Street

**Austin**

City

**TX**

State

**78759**

ZIP Code

**(512) 342-8222**

Contact phone

**welpon@austin.rr.com**

Email address

**16110400**

Bar number

State

UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF TEXAS  
AUSTIN DIVISION

IN RE: **OliveDale, Inc.**

CASE NO

CHAPTER **7**

**VERIFICATION OF CREDITOR MATRIX**

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 5/11/2018

Signature /s/ Nancy Henry  
*Nancy Henry*  
*President*

Date \_\_\_\_\_

Signature \_\_\_\_\_

1 MOSAIC HEALTH INC  
900 Ranch Road 620 South  
Suite C-101-169  
Lakeway TX 78734

1 Mosaic Health Inc  
6705 W Hwy 290 Ste 502  
Austin TX 78735-8407

Beck Redden LLP  
Attn: Karson Thompson  
515 Congress Ave Ste 1900  
Austin TX 78701

City of Austin - Austin Energy  
Customer Care Contact Center  
721 Barton Springs Rd  
Austin TX 78704-1194

Fritz, Byrne, Head & Gilstrap, PLLC  
Attention: Lessie C. Gilstrap  
221 W 6th St Ste 960  
Austin TX 78701

Internal Revenue Service  
Centralized Insolvency Operations  
PO Box 7346  
Philadelphia, PA 19101-7346

Sutherland Global Services, Inc.  
Attention: Legal Department  
1160 Pittsford Victor Rd  
Pittsford NY 14534

Sutherland Healthcare Solutions, Inc.  
Attention: Corporate Counsel  
2 Brighton Rd Ste 300  
Clifton NJ 07012

Time Warner Cable  
4145 S Falkenburg Rd  
Riverview FL 33578-8652

Time Warner Cable  
PO Box 85100  
Austin TX 78708-5100

Time Warner Cable Inc.  
60 Columbus Circle  
New York NY 10023

Travis County Tax Assessor/Collector  
5501 Airport Blvd  
Austin TX 78751-1410

Travis County Tax Office  
PO Box 149328  
Austin TX 78714-9328

Woods, Oviatt, Gilman, LLP  
Attn: Warren Rosenbaum, Brian Capitu  
700 Crossroads Building  
2 State St  
Rochester NY 14614